

	<p align="center">COMMONWEALTH OF MASSACHUSETTS Massachusetts Management Accounting and Reporting Systems Office of the Comptroller MMARS <u>ON-LINE ACCESS REQUEST FORM (OSC OLA)</u></p>	<p>Nature of Request</p> <p><input type="checkbox"/> ADD</p> <p><input type="checkbox"/> CHANGE</p> <p><input type="checkbox"/> DELETE</p>
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DATE: _____	
Dept Name: _____	CODE: _____ <small>(3 letter dept. code)</small>
Orgn Name: _____	CODE: _____ <small>(4 digit numeric code)</small>
Profile Number and Title: _____	
Organization Restriction: _____ <small>(Optional)</small>	
Employee's Name: _____ <small>(Last) (First) (M.I.)</small>	
Social Security Number: _____ - _____ - _____	Phone Number: _____
Assigned UAID: _____	

Security Officer: _____

For Comptroller's Use Only	
Date Received: _____	Date Updated: _____
Date Assigned: _____	Date Deleted: _____
Other: _____	
Approved By: _____	Title: <u>Security Systems Administrator</u>

REMINDER: This password is assigned for your use only. You will be held accountable for all transactions processed with this code. Any violation of this security could result in disciplinary action. If you have any questions contact Kathleen O'Leary (617) 973-2381